



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## ORIGINATOR LICENSE APPLICATION SUPPLEMENTAL FORM O

**Mailing Address**

P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 40-58-10 through -110. (Supp. 2003)

[www.sccconsumer.gov](http://www.sccconsumer.gov)

803-734-4236/800-922-1594

**Street Address**

3600 Forest Drive, 3<sup>rd</sup> Floor  
Columbia, SC 29204-4406

### **DO NOT FAX THIS FORM**

(An original, signed and notarized form is required for each applicant)

This form may be duplicated. Print legibly or type information requested on the form in its entirety. If any of the information on this form changes, submit a revised form to the department. Incomplete information could result in delay or denial of your application.

Company Name (your current employer) and License Number: \_\_\_\_\_

Address where employed: \_\_\_\_\_  
(Street Address, City, State and Zip)

Your legal name: \_\_\_\_\_

Last Name, First Name and Middle Name (NOT Initial)

Business relationship or title: \_\_\_\_\_

\*If an owner, partner, officer or member, state your ownership interest (Ex. 25%) \_\_\_\_\_

Have you been known by any other name? ☐ Yes ☐ No If yes, state the name \_\_\_\_\_  
(Ex. Maiden name, nickname, etc.)

Present Home/Street Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home telephone: \_\_\_\_\_  
(mm/dd/yyyy)

In what state were you born? \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State & Date of Issue: \_\_\_\_\_

### **Reason for Submission**

(Check appropriate box and give complete information for each section checked)

☐ **Initial Application**

☐ **Name Change** (Give your new legal name): \_\_\_\_\_  
Last Name, First Name and Middle Name (NOT Initial)

☐ **Home Address Change** (Former Home Address): \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip and Telephone Number

☐ **Employment Changes** (Former Employer) Company Name and License Number: \_\_\_\_\_  
Address Where Employed \_\_\_\_\_

(Street Address, City, State and Zip)

☐ **Business Address Change** (Former Address Where Employed): \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip and Telephone Number

### **EMPLOYMENT BACKGROUND**

Describe your employment, at least five years, starting with current, noting origination of residential mortgages.

NAME OF EMPLOYER	ADDRESS & TELEPHONE NO.	DATES OF EMPLOYMENT	POSITION	NAME OF OWNER

Mark an X in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet.

YES NO

- ☐ ☐ Have you ever been convicted of a felony or of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years? Provide details about the offense, including conviction date, court, penalty and attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report.
- ☐ ☐ Have you ever been charged with irregularities or shortages in your business accounts or transactions? If yes, provide details.
- ☐ ☐ Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in any jurisdiction? Provide details including the name of the profession and the agency (include agency address).
- ☐ ☐ Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? Provide details, including the name of the agency and date of action.
- ☐ ☐ Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of action.
- ☐ ☐ Have you ever had any civil judgments, lawsuits or liens brought against you? If yes, provide details.
- ☐ ☐ Do you currently hold, or have you in the past, held any credential (license) issued by the State of South Carolina? If yes, what type of credential? (Do not include drivers license)\_\_\_\_\_
- ☐ ☐ Are you licensed in any other jurisdiction in any capacity in the mortgage industry, if yes, provide details?
- ☐ ☐ Have you read and are you familiar with the Mortgage Broker Act, S.C. Code Ann. § 40-58-10 through -110? (Must answer YES if you work in the broker business) Describe any training you have received in mortgage origination, including on-the-job-training (OJT).\_\_\_\_\_

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes. Additionally, I acknowledge that pursuant to SC Code 40-58-10 through -110 a criminal records check by the South Carolina Law Enforcement Division will be obtained.

Signature of Originator

Type or Legibly Print Your Name

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public For \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.**